

Churchfields Infants' School, Nursery Unit & Language Facility

PERMISSION FORM

(IF PERMISSION IS NOT GIVEN, YOUR CHILD WILL BE EXCLUDED FROM TAKING PART IN VARIOUS ACTIVITIES)

NAME OF CHILD:	CLASS:
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As your child starts here at Churchfields, we would ask you to complete the following permission form, which covers a number of standard school practices.

I am willing for my child to have hearing checks in school.	YES / NO
I am willing for my child to have vision checks in school.	YES / NO
I am willing for my child to have dental checks in school.	YES / NO
I am willing for the results of my child's hearing / vision checks to be passed to the school.	YES / NO
Occasionally the children are taken on short local outings on foot, accompanied by an appropriate number of adults. I am willing for my child to take part in local visits.	YES / NO
I am willing for photographs of my child, engaged in various curricular activities, to be taken in school. I understand that these photographs may occasionally be used on the school web site, although children's names are never displayed.	YES / NO

Signature

Date

Please print your name and your relationship to child below.

Name

Relationship to child